



U.S. EQUAL EMPLOYMENT OPPORTUNITY COMMISSION  
Buffalo Local Office

Olympic Towers  
300 Pearl Street, Suite 450  
Buffalo, NY 14202  
(716) 431-5007

John E. Thompson  
Director

May 15, 2019

Lucinda A. Johnson  
211 Kensington Place  
Syracuse, NY 13210

Re: EEOC #: 846-2019-13974  
Johnson v Oneida Nation Enterprises LLC

Dear Ms. Johnson:

I have reviewed the information which you recently sent to this office. It appears that you do not meet the jurisdictional requirements for filing a charge of discrimination with the Equal Employment Opportunity Commission (EEOC).

This decision is based on the information you provided in your intake questionnaire, and per our phone conversation. You identified your employer as Oneida Nation Enterprises LLC. Under Title VII of the Civil Rights Act of 1964, as amended (Title VII), American Indian Tribes are exempt from coverage for any employment decision. American Indian Tribes are excluded from the definition of "employer" for jurisdictional purposes under Title VII.

For this reason, we will not conduct an investigation into your complaint if you were to go forward with filing a formal charge of discrimination. Nevertheless, if you choose to, you may still file a charge of discrimination. Though it is likely that the EEOC will dismiss your charge without investigation, the fact that you have filed a charge of employment discrimination with us may protect your right to file an employment discrimination lawsuit in court.

If, after reading this letter, you still wish to file a charge of discrimination, please contact this office in writing to indicate your intention to proceed with the filing process.

Sincerely,

A handwritten signature in blue ink, appearing to read "S. Cali", is written over the typed name.

Sandra Cali  
Investigative Support Assistant



10200621

Received

**New York State Division of Human Rights  
Employment Complaint Form**

MAR 29 2019

NYS DHR

Syracuse Satellite

**1. Your contact information:**

First Name <u>Lucinda</u> <u>g</u>		Middle Initial/Name <u>a</u>
Last Name <u>Johnson</u>		
Street Address/ PO Box <u>24 Kensington Place</u>		Apt or Floor #:
City <u>Syracuse</u>	State <u>N.Y.</u>	Zip Code <u>13210</u>

**2. Regulated Areas:** You believe you were discriminated against in the area of:

- ☒ Employment (including paid internship)    ☐ Labor Organization  
☐ Apprentice Training    ☐ Employment Agencies  
☐ Internship (unpaid only)    ☐ Licensing  
☐ Volunteer Firefighting (excludes disability, age, domestic violence victim status, arrest, conviction, genetic history)

**3. You are filing a complaint against:**

Employer Name <u>ONEIDA NATION ENTERPRISES LLC</u>		
Street Address/ PO Box <u>5218 Patrick Road PO Box 126</u>		
City <u>Verona</u>	State <u>N.Y.</u>	Zip Code <u>13478</u>
Telephone Number: ( ) Ext.		

In what county or borough did the violation take place?

ONEIDA

Individual people who discriminated against you:

Name: Vicki, Desiree, Sarey Title: all first names  
 Name: Justine, Kristal Title: maneger's  
coworker (Bill, Kim, Buffy) Title: Licensing Specialist  
E Garcia Hiram

If you need more space, please list them on a separate piece of paper.

**4. Date of alleged discrimination (must be within one year of filing):**

The most recent act of discrimination happened on: Feb 9th 2019 Til March 4-19  
Sexual assault (Feb 1st, 18, 2019) month day year

**5. For employment and internships, how many employees does this company have?**

☐ 1-3    ☐ 4-14    ☐ 15-19    ☒ 20 or more    ☐ Don't know

**6. Are you currently working for this company?**NO

<input type="checkbox"/> Yes. Date of hire: <u>Jan</u> <u>9th</u> <u>19</u> month day year	What is your position? <u>money room clerk</u>
<input checked="" type="checkbox"/> No. Last day of work: <u>march</u> <u>3</u> <u>19</u> month day year	What was your position? <u>money room clerk</u>
<input type="checkbox"/> I was never hired. Date of application: _____ month day year	What position did you apply for? <u>florin Aide</u> <u>CASINO</u> <u>Housekeeping</u> <u>Supervisor</u>

RECEIVED

MAY 06 2019



### 7. Basis of alleged discrimination:

Check **ONLY** the boxes that you believe were the reasons for discrimination. Please look at page 2 of "Instructions" for an explanation of each type of discrimination.

<input type="checkbox"/> <b>Age:</b> Date of Birth: _____	<input type="checkbox"/> <b>Military Status:</b> <input type="checkbox"/> Active Duty <input type="checkbox"/> Reserves
<input type="checkbox"/> <b>Arrest Record</b> (resolved in your favor or youthful offender record or sealed conviction record)	<input type="checkbox"/> <b>National Origin:</b> Please specify: _____
<input type="checkbox"/> <b>Conviction Record</b>	<input type="checkbox"/> <b>Predisposing Genetic Characteristic:</b> Please specify: _____
<input type="checkbox"/> <b>Creed/ Religion:</b> Please specify: _____	<input type="checkbox"/> <b>Pregnancy-Related Condition:</b> Please specify: _____
<input type="checkbox"/> <b>Disability:</b> Please specify: _____	<input checked="" type="checkbox"/> <b>Race/Color or Ethnicity:</b> Please specify: _____
<input type="checkbox"/> <b>Domestic Violence Victim Status</b>	<input type="checkbox"/> <b>Sexual Orientation:</b> Please specify: _____
<input type="checkbox"/> <b>Familial Status:</b> Please specify: _____	<input type="checkbox"/> <b>Sex:</b> Please specify: _____
<input type="checkbox"/> <b>Marital Status:</b> Please specify: _____	Specify if the discrimination involved: <input type="checkbox"/> Pregnancy <input type="checkbox"/> Gender Identity <input type="checkbox"/> Transgender Status <input checked="" type="checkbox"/> Sexual Harassment

If you believe you were treated differently after you filed or helped someone file a discrimination complaint, participated as a witness to a discrimination complaint, or opposed or reported discrimination due to any category above, check below:

☒ **Retaliation:** How you did you oppose discrimination: internal sexual assault complaint

### 8. Acts of alleged discrimination: What did the person/company you are complaining against do? Check all that apply

<input type="checkbox"/> Refused to hire me	<input type="checkbox"/> Denied me an accommodation for my disability or pregnancy-related condition	<input type="checkbox"/> Denied me leave time or other benefits	<input checked="" type="checkbox"/> Harassed/ intimidated me (other than sexual harassment)
<input type="checkbox"/> Fired me/laid me off	<input type="checkbox"/> Denied me overtime benefits	<input checked="" type="checkbox"/> Sexually harassed or intimidated me	<input type="checkbox"/> Did not call back after lay-off
<input type="checkbox"/> Demoted me	<input checked="" type="checkbox"/> Paid me a lower salary than other co-workers doing the same job	<input type="checkbox"/> Gave me different or worse job duties than other workers doing the same job	<input checked="" type="checkbox"/> Denied me services/treated differently by employment agency
<input checked="" type="checkbox"/> Suspended me	<input type="checkbox"/> Denied me an accommodation for my religious practices	<input checked="" type="checkbox"/> Gave me a disciplinary notice or negative performance review	<input checked="" type="checkbox"/> Unlawful inquiry, or limitation, specification or discrimination in job advertisement
<input checked="" type="checkbox"/> Denied me training	<input type="checkbox"/> Denied me promotion/ pay raise	<input type="checkbox"/> Denied a license by a licensing agency	<input type="checkbox"/> Other:



**9. Description of alleged discrimination**

**Tell us more about each act of discrimination that you experienced. Please include dates, names of people involved, and explain why you think it was discriminatory. TYPE OR PRINT CLEARLY.**

*See attached*

**If you need more space to write, please continue writing on a separate sheet of paper and attach it to the complaint form. DO NOT WRITE IN THE MARGINS OR ON THE BACK OF THIS FORM.**



I

I Lucinda A Johnson have written this statement on march - 27 2019 Regarding the discrimination, sexual assault, mental anguish and mistreatment I have received by manager's and co-worker ~~as~~ as a Bingo money room Clerk. between 1-29-2019 Til 3-4-2019 when my Doctor took me out of work for stress and mental Anguish. Sexual assault on 2-21-2019 or around that date I went to Garcia Harim to inform her about the problem of being sexual assaulted and the Harassment by manager's and co worker as I was in my 90 day training I told her How Bill was Harassing me sexual and How I was being discriminated by teaching my self and not being able to learn other Job with in ~~the~~ <sup>my</sup> Job description and how I felt co-worker and manager was messing with my paper count. Garcia told me there would be an investigation to all that I told her. Then on 2-27-19 Sim who is the Top manager pulled me in the ~~mana~~ office set me down and told me That the company took these matter very seriously and she would also



②

let me no what happened in there investigation. well that next day when I came to work there perpatrator was there. I couldn't believe it by the end of the day I lost it I felt unsafe so I told <sup>manager</sup> Justine what had happen <sup>with Bill</sup> and how co-work also where treating me all that ~~day~~ time C Billy, Kim, Buffy and others but mainly them, Bill wasn't suppose to be anywhere near me, but he was. He acted like nothing had happen and still said degrading things to me when he ~~was~~ walk by me. I found myself all day watching my back scared. by the end of <sup>day</sup> broke as I was talking to Justine and vickie. when vickie left and walk off I then told Justine. ~~Who~~ Who ~~seem~~ seem to brush it all off. That next Day I was on time for work and did my Job very well Bill was not there but I didnt do my count of paper or voucher, C Cards just my Bank (Disiree) told me becuse I was doing a double that day she would do it. will come to find out on ~~Saturday~~ <sup>Sunday</sup> my count was off



(7)

that alone showed me that they did not care about the ~~me~~ <sup>me</sup> ~~that~~ ~~assault~~ all together as a person and women and being out of work because of all the Discrimination, mistreatment and ~~me~~ mental anguish and most of all the Sexual assault.

I have attached a copy's of my police report, copy of my write up and my Spention paper sent to me by Turning Stone



**Oneida Indian Nation Police  
Supporting Deposition**

State of New York  
County of Oneida

Village of Canastota

Case # 19-0250

I Lucinda A. Johnson the deponent herein, residing  
at 211 Kensington Place, Syracuse, NY 13210. DOB [REDACTED] 1967. Occupation: Bingo Money Room Clerk.

Give this deposition as follows: I am at the Oneida Indian Nation Police Headquarters located at 306 Diamond St. In the Village of Canastota, NY 13032. I am speaking with Investigator Keith Wilcox regarding a couple of inappropriate incidents I had with my co-worker while conducting my duties as a Bingo Room Money Clerk. I began working this job located at the Turning Stone Casino and Resort on January 25, 2019. My co-worker whose name is Bill was helping train me around 3 weeks after I started my job. I cannot tell you the exact date but I know it was around the eleventh of February that Bill reached across in front of me with his left hand and grabbed a piece of paper. I was standing to his right side of him and when he pulled his hand back across me, he put his hand across my chest. I know that this was no accident. I said really Bill? And he said excuse me and still slid his hand across my chest. This made me very uncomfortable. The whole time I have worked at this job, Bill has been very negative and disrespectful towards me. I don't know why. He acts like he don't want me on the job.

On February 20, 2019 I was working in the Cash Room Drop Off Room located in the Bingo Office Area. This room is a smaller room and I was in the process of turning my money in, when the room door flung open and hit me, making me lose my balance and I begin to fall backwards. The next thing I know Bill was behind me and when I fell against his chest, he thrust his hips into my buttocks. When he did this I felt his private parts pushing against me. At this time I believe he was sexually excited because he was erect. I said to him "So what's that all about???" and he replied "well that's what you get for falling into me". After this occurred I felt humiliated and went to the ladies restroom where I cried.

I never reported either of these two incidents to my supervisor at the time but I did report them to Human Resources Advisor Gretchen Delorenzo on February 22, 2019. The Oneida Indian Nation claims to take this stuff very seriously but I feel that they did not take this seriously at all. This man has been verbally abusive towards me and humiliated me since I began employment. Because of this, my personal physician has taken me out of work for an unknown period of time. This is due to stress and hypertension from my job stress. I request prosecution against Bill for his inappropriate actions in the

NOTICE (Oneida Nation Tribal Penal Code 673)

In a written notice, any person who knowingly makes a false statement which such person does not believe to be true has committed a crime under the laws of the Oneida Indian Nation, punishable as a Class A Misdemeanor.

\*Affirmed under penalty of perjury this: \_\_\_\_\_ day of: \_\_\_\_\_ 2018

Signed: \_\_\_\_\_ Witness: \_\_\_\_\_

Time: \_\_\_\_\_ Witness: \_\_\_\_\_



**Oneida Indian Nation Police  
Supporting Deposition**

State of New York  
County of Oneida

above incidents. It would of been nice to have been notified that this Bill was coming back to work after being so called disciplined. Nobody had said anything to me or even let me know that the investigation was over. I feel like my rights as a person and woman have been violated. This is how I feel.

**NOTICE (Oneida Nation Tribal Penal Code 673)**

In a written notice, any person who knowingly makes a false statement which such person does not believe to be true has committed a crime under the laws of the Oneida Indian Nation, punishable as a Class A Misdemeanor.

\*Affirmed under penalty of perjury this: \_\_\_\_\_ day of: \_\_\_\_\_ 2018

Signed: \_\_\_\_\_ Witness: \_\_\_\_\_

Time: \_\_\_\_\_ Witness: \_\_\_\_\_





March 21, 2019

Lucinda Johnson  
211 Kensington Place  
Syracuse, NY 13210

Dear Lucinda:

According to our records, you have been absent since March 11, 2019 due to your medical condition. As stated in the letter sent on March 14, 2019, you are not eligible for a Family Medical Leave of absence under Oneida Nation Enterprises' Family Medical Leave policy and, unfortunately, we can no longer maintain your active employment relationship.

This letter will serve as notice of separation from employment effective March 21, 2019. Please see enclosed information if you would like to arrange for distribution of your 401(k) savings from Fidelity Investments. Please return your badge, uniforms and any other company property at your earliest convenience.

You are eligible to reapply in the future once you are medically able to return should a position become available that you are qualified to perform with or without reasonable accommodation. In the meantime, please contact me at (315) 361-7808 with any questions you may have.

Sincerely,

A handwritten signature in cursive script that reads "Shannon Spadafora".

Shannon Spadafora  
Human Resources  
Employee Leave Administrator



Lucinda Johnson  
211 Kensington Place

Syracuse, NY 13210

Dear Lucinda Johnson

This is a friendly reminder that you have an appointment with;

**Provider:** Ouyang MD, David

**Day:** 04/10/19

**Time:** 03:30 P M.

If you cannot make this appointment, please call our office at (315) 476-7921 at least **24 hours prior** to this appointment. We would be happy to reschedule your appointment for a more convenient time.

Sincerely,

The Providers and Staff at  
Syracuse Community Health Center Inc  
819 South Salina Street  
Syracuse, NY 13202-3527

33277





Syracuse Community Health Center, Inc.

David OuYang, MD  
SCHC Adult Medicine  
819 South Salina Street  
Syracuse NY, 13202-3527  
(315)476-7921

03/20/2019

To Whom It May Concern:

Lucinda Johnson is currently under my medical care and may not return to work at this time.

Please excuse Lucinda for 4 week(s).

She may return to work on 04/17/2019.

Activity is restricted as follows: none- this note supersedes previous work excuse per provider.

If you require additional information please contact our office.

Sincerely,

Provider:

Dr. David OuYang  
License: 199497  
NPI: 1417937780  
DEA: FO2693225

OuYang MD, David 03/20/2019 6:29 PM

Document generated by: Shelly Harris, RN 03/20/2019



# ONEIDA NATION ENTERPRISES, LLC - Corrective Counseling Notice

Employee/Badge #: \_\_\_\_\_ Department: \_\_\_\_\_ Shift: \_\_\_\_\_

Job Title: \_\_\_\_\_ Most Recent Date of Infraction: \_\_\_\_\_

Please indicate the action to be taken: ☒ Attendance ☐ Performance ☐ Misconduct

<input type="checkbox"/> Level 1 Written	To be issued for: 1) a minor performance deficiency or an infraction for which the employee has previously received coaching or redirection. Date(s) of prior coaching: _____
<input type="checkbox"/> Level 2 Written	To be issued for (circle one): 1) a recurrence of a performance deficiency or 2) an infraction for which the employee has received at least one prior Level 1 counseling or 3) an infraction serious enough by itself to warrant a Level 2 counseling. Date(s) of prior Level 1 counseling(s): _____
<input type="checkbox"/> Suspension -or-	
<input type="checkbox"/> Level 3 Final Written	To be issued for (circle one): 1) a recurrence of a performance deficiency of same or similar infraction after the employee has received Level 1 and/or Level 2 counseling(s) or 2) an infraction serious enough by itself to warrant a Level 3 Final Written or Suspension counseling. Dates of suspension: _____ Date(s) of prior Level 2: _____ Date(s) of prior suspension: _____

Describe Performance Deficiency/Policy Violation: \_\_\_\_\_  
 \_\_\_\_\_  
 \_\_\_\_\_  
 \_\_\_\_\_

Describe what the Employee must do to correct the performance deficiency and what action will be taken in the event of recurrence: \_\_\_\_\_  
 \_\_\_\_\_  
 \_\_\_\_\_  
 \_\_\_\_\_

Supervisor Signature _____	Printed Name/Badge # _____	Date _____	Director/Manager: _____	Initials/Date _____
			Employee Relations: _____	Initials/Date _____

Employee Comments: \_\_\_\_\_  
 \_\_\_\_\_  
 \_\_\_\_\_

I understand that this Corrective Counseling Notice will be active for (1) year from the date of issuance (for all cash variances, please refer to department cash variance policy), and any future occurrences of this nature will result in further corrective action in the progressive discipline process up to and including termination of employment. My signature below represents that I have read and understand the above and is not necessarily an admission of concurrence.

Employee Signature \_\_\_\_\_ Date \_\_\_\_\_



# ONEIDA NATION ENTERPRISES, LLC - Corrective Counseling Notice

Employee/Badge #: \_\_\_\_\_ Department: \_\_\_\_\_ Shift: \_\_\_\_\_

Job Title: \_\_\_\_\_ Most Recent Date of Infraction: \_\_\_\_\_

Please indicate the action to be taken: ☐ Attendance ☐ Performance ☐ Misconduct

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<input type="checkbox"/> Suspension -OR-	
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Describe Performance Deficiency/Policy Violation: \_\_\_\_\_  
 \_\_\_\_\_  
 \_\_\_\_\_  
 \_\_\_\_\_

Describe what the Employee must do to correct the performance deficiency and what action will be taken in the event of recurrence: \_\_\_\_\_  
 \_\_\_\_\_  
 \_\_\_\_\_  
 \_\_\_\_\_

Supervisor Signature \_\_\_\_\_ Printed Name/Badge # \_\_\_\_\_ Date \_\_\_\_\_ Director/Manager: \_\_\_\_\_ Initials/Date \_\_\_\_\_

Employee Relations: \_\_\_\_\_ Initials/Date \_\_\_\_\_

Employee Comments: \_\_\_\_\_  
 \_\_\_\_\_  
 \_\_\_\_\_

I understand that this Corrective Counseling Notice will be active for (1) year from the date of issuance (for all cash variances, please refer to department cash variance policy), and any future occurrences of this nature will result in further corrective action in the progressive discipline process up to and including termination of employment. My signature below represents that I have read and understand the above and is not necessarily an admission of concurrence.

Employee Signature \_\_\_\_\_ Date \_\_\_\_\_



2/22/19 08:22:53

iSeries History: ONEIDA INDIAN NATION

Emp#: 132428 JOHNSON, LUCINDA A Badge: 132428

Options: 1=View B=Brkdwn

Position: C=Comments E=Exceptions

Selected Period

From:

To:

Opt	Date	In	Out	Hours	Sch	Pcd	Ap	Division	Notes
TH	2/14/19	200P U	830P	6.50			0	ONACASHS	
FR	2/15/19	1045A U	830P I	9.75			0	ONACASHS	
SA	2/16/19	745A U	115A I	17.50			0	ONACASHS	
SU	2/17/19	145P U	900P	7.25			0	ONACASHS	
TU	2/19/19	745A U	815P I	12.50			0	ONACASHS	
WE	2/20/19	130P U	1015P I	8.75			0	ONACASHS	
TH	2/21/19	300P U	830P	5.50			0	ONACASHS	
FR	2/22/19	815A U	?				0	ONACASHS	

REG 218.50 OT 44.25

Bottom

F3=Exit

F12=Cancel

F13=Actual

F8=Adjust

F14=Defaults

F9=Previous

F15=Punches

F10=Next

F16=Audit

Total: 262.75

F11=Charge

F17=Accruals



2/22/19 08:22:53

iSeries History: ONEIDA INDIAN NATION

Emp#: 132428 JOHNSON, LUCINDA A Badge: 132428

Options: 1=View B=Brkdwn

Position: C=Comments E=Exceptions

Selected Period

From:

To:

Opt	Date	In	Out	Hours	Sch	Pcd	Ap	Division	Notes
SA	1/26/19	815A	U 945P	I 13.50			0	ONACASHS	
SU	1/27/19	830A	U 830P	I 12.00			0	ONACASHS	
TU	1/29/19	245P	U 800P	5.25			0	ONACASHS	
MO	2/04/19	745A	U 815P	I 12.50			0	ONACASHS	
TU	2/05/19	815A	U 145P	5.50			0	ONACASHS	
TH	2/07/19	215P	U 815P	6.00			0	ONACASHS	
FR	2/08/19	800A	U 815P	I 12.25			0	ONACASHS	
SA	2/09/19	930A	U 900P	I 11.50			0	ONACASHS	
MO	2/11/19	815A	U 830P	I 12.25			0	ONACASHS	
TU	2/12/19	145P	U 800P	6.25			0	ONACASHS	
WE	2/13/19	200P	U 830P	6.50			0	ONACASHS	

REG 218.50 OT 44.25

More...

F3=Exit

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F8=Adjust

F14=Defaults

F9=Previous

F15=Punches

F10=Next

F16=Audit

Total: 262.75

F11=Charge

F17=Accruals



### Notarization of Complaint

Based on the information contained in this form, I charge the herein named respondent(s) with an unlawful discriminatory practice, in violation of the New York State Human Rights Law.

By filing this complaint, I understand that I am also filing my employment complaint with the United States Equal Employment Opportunity Commission under the Americans With Disabilities Act (covers disability related to employment), Title VII of the Civil Rights Act of 1964, as amended (covers race, color, religion, national origin, sex relating to employment), and/or the Age Discrimination in Employment Act, as amended (covers ages 40 years of age or older in employment). This complaint will protect my rights under federal law.

I hereby authorize the New York State Division of Human Rights to accept this complaint on behalf of the U.S. Equal Employment Opportunity Commission, subject to the statutory limitations contained in the aforementioned law.

I have not filed any other civil action, nor do I have an action pending before any administrative agency, under any state or local law based upon this same unlawful discriminatory practice.

PLEASE INITIAL

I swear under penalty of perjury that I am the complainant herein; that I have read (or have had read to me) the foregoing complaint and know the contents of this complaint; and that the foregoing is true and correct, based on my current knowledge, information, and belief.

Mark A. [Signature]  
Sign your full legal name

Subscribed and sworn before me

This 24<sup>th</sup> day of May, 2019

Signature of Notary Public

County: Onondaga Commission expires: 4/13/21

**Please note: Once this form is completed, notarized, and returned to the New York State Division of Human Rights, it becomes a legal document and an official complaint with the Division.**





Public Borth BS  
portal.  
EEOC.gov.

New York State Division of Human Rights  
Employment Complaint Form

Received

MAR 29 2019

NYS DHR

Syracuse Satellite

1. Your contact information:

First Name <u>Lucinda</u> <u>9</u>		Middle Initial/Name <u>9</u>
Last Name <u>Johnson</u>		
Street Address/ PO Box <u>211 Kensington place</u>		Apt or Floor #:
City <u>Syracuse</u>	State <u>N.Y</u>	Zip Code <u>13210</u>

2. Regulated Areas: You believe you were discriminated against in the area of:

- ☒ Employment (including paid internship) ☐ Labor Organization  
☐ Apprentice Training ☐ Employment Agencies  
☐ Internship (unpaid only) ☐ Licensing  
☐ Volunteer Firefighting (excludes disability, age, domestic violence victim status, arrest, conviction, genetic history)

3. You are filing a complaint against:

Employer Name <u>ONEIDA NATION ENTERPRISES LLC</u>		
Street Address/ PO Box <u>5218 Patrick Road PO Box 126</u>		
City <u>Verona</u>	State <u>N.Y</u>	Zip Code <u>13478</u>
Telephone Number: ( ) Ext.		

In what county or borough did the violation take place?

ONEIDA

Individual people who discriminated against you:

Name: Vicki, Desiree, Sarey Title: Manager's  
Name: Justine, Kristal Title: Licensing Specialist  
~~Employee~~ (Coworker) (Bill, Kim, Buffy) & Garcia Hiram  
If you need more space, please list them on a separate piece of paper.

4. Date of alleged discrimination (must be within one year of filing):

The most recent act of discrimination happened on: Feb 9th 2019 Til March 4-19  
Sexual assault (Feb 1st, 18, 2019) month day year

5. For employment and internships, how many employees does this company have?

☐ 1-3 ☐ 4-14 ☐ 15-19 ☒ 20 or more ☐ Don't know

6. Are you currently working for this company?

NO

<input type="checkbox"/> Yes. Date of hire: <u>Jun</u> <u>9th</u> <u>19</u> month day year	What is your position? <u>money room clerk</u>
<input checked="" type="checkbox"/> No. Last day of work: <u>March</u> <u>3</u> <u>19</u> month day year	What was your position? <u>money room clerk</u>
<input type="checkbox"/> I was never hired. Date of application: _____ month day year	What position did you apply for? <u>CASINO</u> <u>floor Aide, Housekeeping</u> <u>Supervisor</u>



**7. Basis of alleged discrimination:**

Check **ONLY** the boxes that you believe were the reasons for discrimination. Please look at page 2 of "Instructions" for an explanation of each type of discrimination.

<input type="checkbox"/> <b>Age:</b> Date of Birth: _____	<input type="checkbox"/> <b>Military Status:</b> <input type="checkbox"/> Active Duty <input type="checkbox"/> Reserves
<input type="checkbox"/> <b>Arrest Record</b> (resolved in your favor or youthful offender record or sealed conviction record)	<input type="checkbox"/> <b>National Origin:</b> Please specify: _____
<input type="checkbox"/> <b>Conviction Record</b>	<input type="checkbox"/> <b>Predisposing Genetic Characteristic:</b> Please specify: _____
<input type="checkbox"/> <b>Creed/ Religion:</b> Please specify: _____	<input type="checkbox"/> <b>Pregnancy-Related Condition:</b> Please specify: _____
<input type="checkbox"/> <b>Disability:</b> Please specify: _____	<input checked="" type="checkbox"/> <b>Race/Color or Ethnicity:</b> Please specify: _____
<input type="checkbox"/> <b>Domestic Violence Victim Status</b>	<input type="checkbox"/> <b>Sexual Orientation:</b> Please specify: _____
<input type="checkbox"/> <b>Familial Status:</b> Please specify: _____	<input type="checkbox"/> <b>Sex:</b> Please specify: _____
<input type="checkbox"/> <b>Marital Status:</b> Please specify: _____	Specify if the discrimination involved: <input type="checkbox"/> Pregnancy <input type="checkbox"/> Gender Identity <input type="checkbox"/> Transgender Status <input checked="" type="checkbox"/> Sexual Harassment

If you believe you were treated differently after you filed or helped someone file a discrimination complaint, participated as a witness to a discrimination complaint, or opposed or reported discrimination due to any category above, check below:

☒ **Retaliation:** How you did you oppose discrimination: internal sexual assault complaint

**8. Acts of alleged discrimination:** What did the person/company you are complaining against do? Check all that apply

<input type="checkbox"/> Refused to hire me	<input type="checkbox"/> Denied me an accommodation for my disability or pregnancy-related condition	<input type="checkbox"/> Denied me leave time or other benefits	<input checked="" type="checkbox"/> Harassed/ intimidated me (other than sexual harassment)
<input type="checkbox"/> Fired me/laid me off	<input type="checkbox"/> Denied me overtime benefits	<input checked="" type="checkbox"/> Sexually harassed or intimidated me	<input type="checkbox"/> Did not call back after lay-off
<input type="checkbox"/> Demoted me	<input checked="" type="checkbox"/> Paid me a lower salary than other co-workers doing the same job	<input type="checkbox"/> Gave me different or worse job duties than other workers doing the same job	<input checked="" type="checkbox"/> Denied me services/treated differently by employment agency
<input checked="" type="checkbox"/> Suspended me	<input type="checkbox"/> Denied me an accommodation for my religious practices	<input checked="" type="checkbox"/> Gave me a disciplinary notice or negative performance review	<input checked="" type="checkbox"/> Unlawful inquiry, or limitation, specification or discrimination in job advertisement
<input checked="" type="checkbox"/> Denied me training	<input type="checkbox"/> Denied me promotion/ pay raise	<input type="checkbox"/> Denied a license by a licensing agency	<input type="checkbox"/> Other:



**9. Description of alleged discrimination**

**Tell us more about each act of discrimination that you experienced. Please include dates, names of people involved, and explain why you think it was discriminatory. TYPE OR PRINT CLEARLY.**

See attached

**If you need more space to write, please continue writing on a separate sheet of paper and attach it to the complaint form. DO NOT WRITE IN THE MARGINS OR ON THE BACK OF THIS FORM.**



1

I Lucinda A Johnson have written  
this statement on march - 27 2019  
Regarding the discrimination, Sexual assault,  
mental anguish and mistreatment I have  
received by manager's and co-worker  
~~on~~ as a Bingo money room Clerk.  
between 1-29-2019 Til 3-4-2019 when  
my Doctor took me out of work for  
Stress and mental Anguish. Sexual assault  
on 2-21-2019 or around that date I  
went to Garcia Harim to inform her  
about the problem of being sexual assaulted  
and the Harassment by manager's and  
co worker as I was in my 90 day training  
I told her How Bill was Harassing  
me sexual and How I was being  
discriminated by teaching my self and  
not being able to learn other Job with  
in ~~the~~ <sup>my</sup> Job description and how I felt  
co-worker and manager was messing  
with my paper count. Garcia told me  
there would be an investigation to all  
that I told her. Then on 2-27-19 Sam  
who is the Top manager pulled me in the  
~~main~~ office set me down and told me  
That the company took these matter  
very seriously and she would also





**Employment (Includes Licensing, Internships, & Volunteer Firefighting)  
Discrimination Complaint Form**

**Instructions**

1) Please fill out the complaint form, answering all of the questions. If you are filling out the form on a computer, please print it immediately when you are finished. **You may not be able to save the completed form.** If possible, please type. If you are filling out the form by hand, please print. **Please do not write in the margins or on the back of this form.**

**Please note: A delay could occur in the filing and the investigation of your complaint if the form is not filled out properly or if the information you provide is not legible.**

2) After you fill out the form, please have this complaint form notarized. Please contact our office if you have questions about notarization (see below). Notary services are available at the Division free of charge.

3) Attach copies of any documents that you think will help the Division investigate your case (pay stubs, letter of termination, performance evaluations, disciplinary notices, etc.).

4) Return the **original** complaint form to the regional office closest to you. See below for the list of office locations. You may return the complaint by **mail or in person**.

5) Keep a copy of your complaint, and copies of any documents that you attach, for your own records.

6) The completed and notarized complaint must be returned to the Division promptly. After the Division accepts your complaint, this form will be sent to the company or person(s) whom you are charging with discrimination.

**Time Limit for Filing**

Please note: You must file your complaint within **one year** of the most recent act of alleged discrimination. If you were terminated, you must file within one year of the date you were first informed you would be terminated.

**If you need further assistance or require an accommodation for a disability, please call one of our offices, make an appointment for a personal meeting or visit our website at [www.dhr.ny.gov/how-file-complaint](http://www.dhr.ny.gov/how-file-complaint). Interpreter services are also available at no cost upon request.**

**NYS Division of Human Rights Offices**

**Albany**

Agency Building 1, 2nd Floor  
Empire State Plaza  
Albany, New York 12220  
Telephone No. (518) 474-2705

**Binghamton**

44 Hawley Street, Room 603  
Binghamton, New York 13901  
Telephone No. (607) 721-8467

**Buffalo**

Walter J. Mahoney State Office Bldg.  
65 Court Street, Suite 506  
Buffalo, New York 14202  
Telephone No. (716) 847-7632

**Brooklyn**

55 Hanson Place, Room 304  
Brooklyn, New York 11217  
Telephone No. (718) 722-2385

**Long Island (Nassau)**

50 Clinton Street, Suite 301  
Hempstead, New York 11550  
Telephone No. (516) 539-6848

**Long Island (Suffolk)**

New York State Office Building  
250 Veterans Memorial Highway,  
Suite 2B-49  
Hauppauge, New York 11788  
Telephone No. (631) 952-6434

**Manhattan**

Adam Clayton Powell Jr.  
State Office Bldg.  
163 West 125th Street, 4<sup>th</sup> Floor  
New York, New York 10027  
Telephone No. (212) 961-8650

**Office of Sexual Harassment  
Issues/Queens**

55 Hanson Place, Room 900  
Brooklyn, New York 11217  
Telephone No. (718) 722-2060

**Rochester**

One Monroe Square  
259 Monroe Avenue, Suite 308  
Rochester, New York 14607  
Telephone No. (585) 238-8250

**Syracuse**

333 E. Washington Street,  
Room 543  
Syracuse, New York 13202  
Telephone No. (315) 428-4633

**White Plains**

7-11 South Broadway, Suite 314  
White Plains, New York 10601  
Telephone No. (914) 989-3120



# Oneida Indian Nation Police Supporting Deposition

State of New York  
County of Oneida

Village of Canastota

Case # 19-0250

I Lucinda A. Johnson the deponent herein, residing  
at 211 Kensington Place. Syracuse, NY 13210. DOB [REDACTED] 1967. Occupation: Bingo Money Room Clerk.

Give this deposition as follows: I am at the Oneida Indian Nation Police Headquarters located at 306 Diamond St. In the Village of Canastota, NY 13032. I am speaking with Investigator Keith Wilcox regarding a couple of inappropriate incidents I had with my co-worker while conducting my duties as a Bingo Room Money Clerk. I began working this job located at the Turning Stone Casino and Resort on January 25, 2019. My co-worker whose name is Bill was helping train me around 3 weeks after I started my job. I cannot tell you the exact date but I know it was around the eleventh of February that Bill reached across in front of me with his left hand and grabbed a piece of paper. I was standing to his right side of him and when he pulled his hand back across me, he put his hand across my chest. I know that this was no accident. I said really Bill? And he said excuse me and still slid his hand across my chest. This made me very uncomfortable. The whole time I have worked at this job, Bill has been very negative and disrespectful towards me. I don't know why. He acts like he don't want me on the job.

On February 20, 2019 I was working in the Cash Room Drop Off Room located in the Bingo Office Area. This room is a smaller room and I was in the process of turning my money in, when the room door flung open and hit me, making me lose my balance and I begin to fall backwards. The next thing I know Bill was behind me and when I fell against his chest, he thrust his hips into my buttocks. When he did this I felt his private parts pushing against me. At this time I believe he was sexually excited because he was erect. I said to him "So what's that all about???" and he replied "well that's what you get for falling into me". After this occurred I felt humiliated and went to the ladies restroom where I cried.

I never reported either of these two incidents to my supervisor at the time but I did report them to Human Resources Advisor Gretchen Delorenzo on February 22, 2019. The Oneida Indian Nation claims to take this stuff very seriously but I feel that they did not take this seriously at all. This man has been verbally abusive towards me and humiliated me since I began employment. Because of this, my personal physician has taken me out of work for an unknown period of time. This is due to stress and hypertension from my job stress. I request prosecution against Bill for his inappropriate actions in the

## NOTICE (Oneida Nation Tribal Penal Code 673)

In a written notice, any person who knowingly makes a false statement which such person does not believe to be true has committed a crime under the laws of the Oneida Indian Nation, punishable as a Class A Misdemeanor.

\*Affirmed under penalty of perjury this: \_\_\_\_\_ day of: \_\_\_\_\_ 2018

Signed: \_\_\_\_\_ Witness: \_\_\_\_\_

Witness: \_\_\_\_\_

Time: \_\_\_\_\_





March 14, 2019

Lucinda Johnson  
211 Kensington Place  
Syracuse, NY 13210

Dear Lucinda:

We have received your request for Family Medical Leave (FML) for a serious medical condition. At this time, your request for FML coverage is denied. The explanation for this determination is as follows:

- *You have not met the 12-month length of service requirement.*
- *You have not met the requirement of 1,250 hours worked in the 12 months immediately preceding the start of the leave.*

Please keep this letter as a resource and to contact me to discuss any questions. Enclosed is the FML policy which I encourage you to review or you can find this policy located in your ONE Employee Handbook.

Sincerely,

A handwritten signature in black ink that reads "Shannon Spadafora".

Shannon Spadafora  
HR Employee Leave Administrator  
315-361-7808 / [shannon.spadafora@turningstone.com](mailto:shannon.spadafora@turningstone.com)



Lucinda Johnson  
211 Kensington Place

Syracuse, NY 13210

Dear Lucinda Johnson

This is a friendly reminder that you have an appointment with;

**Provider:** Ouyang MD, David

**Day:** 04/10/19

**Time:** 03:30 P M.

If you cannot make this appointment, please call our office at (315) 476-7921 at least **24 hours prior** to this appointment. We would be happy to reschedule your appointment for a more convenient time.

Sincerely,

The Providers and Staff at  
Syracuse Community Health Center Inc  
819 South Salina Street  
Syracuse, NY 13202-3527

33277





**Division of  
Human Rights**

NEW YORK STATE  
DIVISION OF HUMAN RIGHTS

NEW YORK STATE DIVISION OF  
HUMAN RIGHTS on the Complaint of

LUCINDA A. JOHNSON,

Complainant,

v.

ONEIDA NATION ENTERPRISES, LLC,

Respondent.

DETERMINATION AND  
ORDER OF DISMISSAL FOR  
LACK OF JURISDICTION

Case No.  
10200621

On 3/29/2019, Lucinda A. Johnson filed a verified complaint with the New York State Division of Human Rights ("Division") against the above-named respondent(s) pursuant to N.Y. Exec. Law, art. 15 ("Human Rights Law").

Pursuant to Section 297.2 of the Human Rights Law, the Division finds that it does not have jurisdiction over the content of the complaint. The Division does not have jurisdiction over the Respondent because the respondent business is operated by the Oneida Indian Nation. The New York State Division of Human Rights lacks jurisdiction over the respondent because of its sovereign immunity. The complaint is therefore ordered dismissed and the file is closed.



PLEASE TAKE NOTICE that any party to this proceeding may appeal this Determination to the New York State Supreme Court in the County wherein the alleged unlawful discriminatory practice took place by filing directly with such court a Notice of Petition and Petition within sixty (60) days after service of this Determination. A copy of this Notice and Petition must also be served on all parties including General Counsel, State Division of Human Rights, One Fordham Plaza, 4th Floor, Bronx, New York 10458. DO NOT FILE THE ORIGINAL NOTICE AND PETITION WITH THE STATE DIVISION OF HUMAN RIGHTS.

Dated: **APR 12 2019**  
Rochester, New York

STATE DIVISION OF HUMAN RIGHTS

By: *Julia B Day*  
Julia B. Day  
Regional Director





## Division of Human Rights

ANDREW M. CUOMO  
Governor

HELEN DIANE FOSTER  
Commissioner

April 12, 2019

Lucinda A. Johnson  
211 Kensington Place  
Syracuse, NY 13210

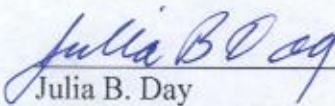
Re: Lucinda A. Johnson v. Oneida Nation Enterprises, LLC  
Case No. 10200621

Dear Lucinda A. Johnson:

Your complaint was filed with the Division of Human Rights on 3/29/2019. A copy of your complaint is enclosed.

The Division cannot proceed with an investigation, but must dismiss the complaint for lack of jurisdiction. A copy of the Division's dismissal is enclosed.

Very truly yours,

  
Julia B. Day  
Regional Director

Enclosures:  
Complaint  
Determination



Lucinda Johnson  
211 Kensington Place

Syracuse, NY 13210

Dear Lucinda Johnson

This is a friendly reminder that you have an appointment with;

**Provider:** Mammo Room

**Day:** 04/24/19

**Time:** 08:20 A.M.

If you cannot make this appointment, please call our office at (315) 476-7921 at least **24 hours prior** to this appointment. We would be happy to reschedule your appointment for a more convenient time.

Sincerely,

The Providers and Staff at  
Syracuse Community Health Center Inc  
819 South Salina Street  
Syracuse, NY 13202-3527

33277





March 21, 2019

Lucinda Johnson  
211 Kensington Place  
Syracuse, NY 13210

Dear Lucinda:

According to our records, you have been absent since March 11, 2019 due to your medical condition. As stated in the letter sent on March 14, 2019, you are not eligible for a Family Medical Leave of absence under Oneida Nation Enterprises' Family Medical Leave policy and, unfortunately, we can no longer maintain your active employment relationship.

This letter will serve as notice of separation from employment effective March 21, 2019. Please see enclosed information if you would like to arrange for distribution of your 401(k) savings from Fidelity Investments. Please return your badge, uniforms and any other company property at your earliest convenience.

You are eligible to reapply in the future once you are medically able to return should a position become available that you are qualified to perform with or without reasonable accommodation. In the meantime, please contact me at (315) 361-7808 with any questions you may have.

Sincerely,

A handwritten signature in cursive script that reads "Shannon Spadafora".

Shannon Spadafora  
Human Resources  
Employee Leave Administrator



# ONEIDA NATION ENTERPRISES, LLC - Corrective Counseling Notice

Employee/Badge #: Lucinda Jones Department: Bingo Shift:             
 Job Title: Game Room Clerk Most Recent Date of Infraction: 2/24/19

Please indicate the action to be taken: ☐ Attendance ☒ Performance ☐ Misconduct

☒ Level 1 Written To be issued for:  
 1) a minor performance deficiency or an infraction for which the employee has previously received coaching or redirection. Date(s) of prior coaching:           

☐ Level 2 Written To be issued for (circle one):  
 1) a recurrence of a performance deficiency or  
 2) an infraction for which the employee has received at least one prior Level 1 counseling or  
 3) an infraction serious enough by itself to warrant a Level 2 counseling.  
 Date(s) of prior Level 1 counseling(s):           

☐ Suspension  
 -or-  
☐ Level 3 Final Written To be issued for (circle one):  
 1) a recurrence of a performance deficiency of same or similar infraction after the employee has received Level 1 and/or Level 2 counseling(s) or  
 2) an infraction serious enough by itself to warrant a Level 3 Final Written or Suspension counseling.  
 Dates of suspension:             
 Date(s) of prior Level 2:             
 Date(s) of prior suspension:           

Describe Performance Deficiency/Policy Violation: Lucinda obtained 110 exceptions  
listing absences 30 days period on the following dates: 2/18/19,  
2/19/19 x 2, 2/21/19, 2/24/19, 2/25/19 x 3, 2/26/19, 2/27/19, 2/28/19 x 2,  
2/29/19, 3/1/22/19, 2/23/19, and 2/24/19. This is a violation of  
the Bingo Hall exception policy.

Describe what the Employee must do to correct the performance deficiency and what action will be taken in the event of recurrence: Lucinda needs to slow down and concentrate on accuracy.  
Any further infractions will result in progressive discipline action up to and  
including termination.

Supervisor Signature: (Signature) Printed Name/Badge #: Deborah Collins 2260 Date: 2/28/19 Director/Manager: (Signature) Initials/Date:             
 Employee Relations: MD 3/3/19 Initials/Date:           

Employee Comments:             
            
          

I understand that this Corrective Counseling Notice will be active for (1) year from the date of issuance (for all cash variances, please refer to department cash variance policy), and any future occurrences of this nature will result in further corrective action in the progressive discipline process up to and including termination of employment. My signature below represents that I have read and understand the above and is not necessarily an admission of concurrence.

Employee Signature: (Signature) Date: 3-8-19



## ONEIDA NATION ENTERPRISES, LLC - Corrective Counseling Notice

Employee/Badge #: Lewards Johnson #172438 Department: BPD Shift:

Job Title: Non-union Clerk Most Recent Date of Infraction: 2/18/19

Please indicate the action to be taken: ☒ Attendance ☐ Performance ☐ Misconduct

☒ **Level 1 Written** To be issued for:

1) a minor performance deficiency or an infraction for which the employee has previously received coaching or redirection. **Date(s) of prior coaching:** \_\_\_\_\_

**[ ] Level 2 Written** To be issued for (circle one):

- 1) a recurrence of a performance deficiency or
- 2) an infraction for which the employee has received at least one prior Level 1 counseling or
- 3) an infraction serious enough by itself to warrant a Level 2 counseling.

**Date(s) of prior Level 1 counseling(s):** \_\_\_\_\_

[ ] Suspension  
-or-

**[ ] Level 3 Final Written** To be issued for (circle one):

- 1) a recurrence of a performance deficiency of same or similar infraction after the employee has received Level 1 and/or Level 2 counseling(s) or
- 2) an infraction serious enough by itself to warrant a Level 3 Final Written or Suspension counseling.

**Dates of suspension:** \_\_\_\_\_

**Date(s) of prior Level 2:** \_\_\_\_\_

**Date(s) of prior suspension:** \_\_\_\_\_

**Describe Performance Deficiency/Policy Violation:** *As per his record 5 consecutive absences. This is a violation of TSP. Absences: 1/21/19 - Tardy; 1/31/19 - Absent; 2/1/19 - Absent; 2/4/19 - Tardy; 2/9/19 - Tardy; 2/10/19 - Tardy; 2/12/19 - Tardy; 2/15/19 - Absent.*

Describe what the Employee must do to correct the performance deficiency and what action will be taken in the event of recurrence:

Supervisor Signature

Printed Name/Badge #

Date \_\_\_\_\_

**Director/Manager:**

Initials/Date

### Employee Relations:

Initials/Date

**Employee Comments:** \_\_\_\_\_

I understand that this Corrective Counseling Notice will be active for (1) year from the date of issuance (for all cash variances, please refer to department cash variance policy), and any future occurrences of this nature will result in further corrective action in the progressive discipline process up to and including termination of employment. My signature below represents that I have read and understand the above and is not necessarily an admission of concurrence.

Employee Signature

Date \_\_\_\_\_